

<i>SERFF Tracking Number:</i>	<i>META-126423829</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44512</i>
<i>Company Tracking Number:</i>	<i>NY09-21 JD (LW)</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>Group Accident and Health Insurance</i>		
<i>Project Name/Number:</i>	<i>GPNP09-CI/NY09-21 JD</i>		

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Group Accident and Health Insurance SERFF Tr Num: META-126423829 State: Arkansas

TOI: H07G Group Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved-Closed State Tr Num: 44512

Sub-TOI: H07G.001 Critical Illness Co Tr Num: NY09-21 JD (LW) State Status: Approved-Closed

Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Sandra Bennett, Ruth Rivera, Linda Williams

Disposition Date: 01/08/2010

Date Submitted: 01/07/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: GPNP09-CI

Project Number: NY09-21 JD

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/08/2010

Deemer Date:

Submitted By: Linda Williams

Filing Description:

Re: Group Accident & Health Insurance (GPNP09-CI-fp, et. al)

Our NAIC Company No. is 65978

Our FEIN is 13-5581829

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Employer, Association, Trust, Other

Explanation for Other Group Market Type: Union

State Status Changed: 01/08/2010

Created By: Linda Williams

Corresponding Filing Tracking Number:

SERFF Tracking Number: META-126423829 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 44512
Company Tracking Number: NY09-21 JD (LW)
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Group Accident and Health Insurance
Project Name/Number: GPNP09-CI/NY09-21 JD

Dear Sir/Madam:

We enclose for filing, final printed copies of the group accident and health insurance forms described below. These forms are intended to provide group critical illness coverage on a lump sum, non-recurring basis. These forms are new and do not replace any forms previously filed with the Department. These forms consist of a new policy form series and various new certificate insert forms that will be used with a previously approved series of certificate forms.

GPNP09-CI Group Policy Form Series

The GPNP09-CI policy series is a shell policy that will be issued with at least one certificate form attached as an exhibit. The benefits provided under the policy will be the critical illness, lump sum, non-recurring benefits described in the certificate. The certificate also specifies the eligibility, termination of coverage and claim submission requirements. The certificate forms will be the GCERT07-CI certificate series, which was approved by your Department on February 8, 2007 (SERFF tracking number META-125078788, state tracking number 34800). This policy series will also be used with group application form GAPP07-CI and group policy amendment form GPA07-CI, both of which were approved by your Department at the same time as the GCERT07-CI certificate series.

The policy forms have been developed and are being filed on an insert page basis. All of the pages will normally be included when the policy is issued. The insert pages are as follows:

- GPNP09-CI fp is the policy face page.
- GPNP09-CI toc is the table of contents.
- GPNP09-CI def contains policy definitions.
- GPNP09-CI prem contains all of the premium provisions. Coverage may be contributory or non-contributory. This page also specifies that the schedule of insurance and eligibility provisions will be specified in the Exhibits (which is where the certificate is attached).
- GPNP09-CI term contains the policy termination provisions, including the grace period.
- GPNP09-CI gen-pro contains general provisions.
- GPNP09-CI exhibit contains the policy exhibits, consisting of the premium rates, a list of the certificates attached and any additional policyholder information such as subsidiaries or affiliates to be included for coverage.

Group Certificate Insert Forms

GCERT07-CI bene-well will be used to provide a health screening benefit. This will be an optional benefit that will be offered to prospective group policyholders for inclusion in the group policyholder's plan.

GCERT07-CI dr/ml2ml will be used when a group is transferring from an older MetLife certificate series to the

SERFF Tracking Number: META-126423829 State: Arkansas
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Limited Benefit
Product Name: Group Accident and Health Insurance
Project Name/Number: GPNP09-CI/NY09-21 JD

GCERT07-CI certificate series.

GCERT07-CI dr/oc2ml will be used when a group is transferring from another carrier to MetLife.

GCERT07-CI limit is the limitations page for the certificate. The GCERT07-CI certificate series, as currently approved, contains a single form with all of the general limitations and exclusions. The form number of that form is GCERT07-CI limexcl. We are splitting the old form into three new forms, one with limitations, one with the preexisting conditions exclusion, and one with the other general exclusions. We are doing this because we want to be able to omit the waiting period and/or the preexisting conditions exclusion on specific cases, based on our underwriting requirements with appropriate premium adjustment. Rather than put variable brackets around the provisions, we are putting them on their own pages and will simply omit the pages if the provisions are not being used. Form GCERT07-CI limit contains a benefit reduction due to age, and the waiting period provision. The language is exactly the same as the language that was used on GCERT07-CI limexcl except that a reference to the preexisting conditions exclusion has been removed. The benefit reduction due to age will only be used, based on our underwriting requirements, if coverage is provided for retirees. The waiting period provision may be omitted based on our underwriting requirements with an appropriate adjustment of premium. If neither provision is used, then this page will not be issued.

GCERT07-CI prex is the preexisting conditions exclusion. The language is exactly the same as the language that was previously approved as part of form GCERT07-CI limexc. If there is no preexisting conditions limitation under the plan, then this page will not be issued.

GCERT07-CI exclu contains the general exclusions for the certificate. The language is the exactly same as language that was previously approved as part of form GCERT07-CI limexc. This page will always be included when the certificate is issued.

GCERT07-CI coi-mphc contains a provision continuing coverage for a disabled child in compliance with Arkansas Stat. Ann. § 23-86-108. This page will be used in place of previously approved form GCERT07-CI coi when there is no Family Medical Leave Act continuation available on a case.

Filing Fee

We enclose the required filing fee.

Variable Material

SERFF Tracking Number: *META-126423829* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company* *State Tracking Number:* *44512*
Company Tracking Number: *NY09-21 JD (LW)*
TOI: *H07G Group Health - Specified Disease -* *Sub-TOI:* *H07G.001 Critical Illness*
 Limited Benefit
Product Name: *Group Accident and Health Insurance*
Project Name/Number: *GPNP09-CI/NY09-21 JD*

Variable Material is indicated by brackets.

Marketing Information

The principal market for the forms in this submission is employer groups. Some employers may create single employer trusts to act as policyholder. We may also market these forms to associations, unions and multiple employer trusts.

Actuarial Information

Enclosed is actuarial information in support of this filing.

Foreign Translations

The enclosed certificate and enrollment form may be translated into a language other than English. Any such translation will be performed by a professional translation service, and we will obtain certification from such service that the forms, as translated, are an accurate representation of the English language versions. The non-English version of the certificate form will include a disclosure in the foreign language indicating that the non-English version is a translation of an English language form, and that in any conflict that may arise between the English and translated versions, the English language version of the form will control.

Filing Correspondence Instructions

Please address all correspondence regarding this filing as follows:

Metropolitan Life Insurance Company
Institutional Contracts – MSC #39.087
1095 Avenue of the Americas
New York, NY 10036-6796

If you have any questions or comments that you feel could best be handled by contacting me, please feel free to do so via telephone, fax or e-mail.

Very truly yours,

SERFF Tracking Number: META-126423829 State: Arkansas
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 Product Name: Group Accident and Health Insurance
 Project Name/Number: GPNP09-CI/NY09-21 JD

John B. David
 Manager

Company and Contact

Filing Contact Information

John ("Jack") David, Mgr.-Contract Compliance jdavid1@metlife.com
 LTC

MetLife 212-578-5954 [Phone]
 1095 Avenue of the Americas 212-578-3874 [FAX]
 New York, NY 10036-6796

Filing Company Information

Metropolitan Life Insurance Company	CoCode: 65978	State of Domicile: New York
MetLife	Group Code: -99	Company Type: Life
1095 Avenue of the Americas	Group Name:	State ID Number:
New York, NY 10036-6796	FEIN Number: 13-5581829	
(212) 578-2211 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$260.00
Retaliatory?	No
Fee Explanation:	\$20.00 Per Form submitted for Approval. (\$20.00 x 8 Forms and \$100.00 for Rate Pages)
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$260.00	01/07/2010	33347134

SERFF Tracking Number:	META-126423829	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/08/2010	01/08/2010

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Disposition

Disposition Date: 01/08/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-126423829 State: Arkansas

Filing Company: Metropolitan Life Insurance Company State Tracking Number: 44512

Company Tracking Number: NY09-21 JD (LW)

TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit

Product Name: Group Accident and Health Insurance

Project Name/Number: GPNP09-CI/NY09-21 JD

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Certification	Approved-Closed	Yes
Supporting Document	Actuarial Cover Letter	Approved-Closed	Yes
Supporting Document	NAIC Transmittal Form	Approved-Closed	Yes
Form	Group Policy	Approved-Closed	Yes
Form	Certificate Insert Page	Approved-Closed	Yes
Form	Certificate Insert Page	Approved-Closed	Yes
Form	Certificate Insert Page	Approved-Closed	Yes
Form	Certificate Insert Page	Approved-Closed	Yes
Form	Certificate Insert Page	Approved-Closed	Yes
Form	Certificate Insert Page	Approved-Closed	Yes
Form	Certificate Insert Page	Approved-Closed	Yes
Rate	Rate Pages 7, 9, 19	Approved-Closed	Yes
Rate	Rate Manual Section XXXVI(A)	Approved-Closed	Yes

SERFF Tracking Number: META-126423829 State: Arkansas

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Form Schedule

Lead Form Number: GPNP09-CI

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Status							
Approved-Closed 01/08/2010	GPNP09-CI	Policy/Cont ract/Fratern al Certificate	Group Policy	Initial		56.660	Group Policy 2-5 [GPNP09- CI][nw].pdf
Approved-Closed 01/08/2010	GCERT07- CI bene- well	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Insert Page	Initial		56.830	GCERT07- CIbenewell.pd f
Approved-Closed 01/08/2010	GCERT07- CI dr/ml2ml	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Insert Page	Initial		58.600	GCERT07- CIml2ml.pdf
Approved-Closed 01/08/2010	GCERT07- CI dr/oc2ml	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Insert Page	Initial		58.100	GCERT07- Cloc2ml.pdf
Approved-Closed 01/08/2010	GCERT07- CI limit	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Insert Page	Initial		50.260	GCERT07- CIlimit.pdf
Approved-Closed	GCERT07- CI prex	Certificate Amendmen Page	Certificate Insert Page	Initial		56.380	GCERT07- CIprex.pdf

SERFF Tracking Number: META-126423829 State: Arkansas
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 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
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Project Name/Number: GPNP09-CI/NY09-21 JD

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	Endorseme			
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Metropolitan Life Insurance Company
[200 Park Avenue, New York], New York [10116-0188]

Metropolitan Life Insurance Company ("MetLife"), a stock company, will pay the benefits specified in the Exhibits of this policy subject to the terms and provisions of this policy. The Schedule of Exhibits lists each Exhibit to this policy, to whom it applies and its effective date.

Policyholder: [Any Company]

Group Policy No.: [XXXXX]

EFFECTIVE DATE

This policy will take effect on [October 1, 2010. This policy replaces Group Policy Number YYYYYY which was issued by MetLife and took effect on October 1, 2006.]

POLICY ANNIVERSARIES

Policy anniversaries will be [October 1, 2011 and each subsequent October 1.]

PREMIUM PAYMENTS

This policy is issued in return for the payment of required Premiums. Premiums are payable at the home office of MetLife or to its authorized agent. The first Premium is due on this policy's effective date. Any later Premiums are due [monthly on the [15th] day of each Policy Month]. These dates are the Premium Due Dates.

POLICY SITUS

This policy is issued for delivery in and governed by the laws of [Jurisdiction].

Signed as of this policy's effective date at MetLife's home office in New York, New York.

[

Jeffrey A. Welikson
Senior Vice-President and Secretary

C. Robert Henrikson
Chairman, President & CEO]

Signed by _____
(A licensed MetLife agent or resident agent if required by law.)

GROUP CRITICAL ILLNESS INSURANCE POLICY NON-DIVIDEND PAYING

GPNP09-CI
fp

TABLE OF CONTENTS

Section	Page
[POLICY FACE PAGE	
Effective Date	1
Policy Anniversaries	1
Premium Payments	1
Policy Situs	1
DEFINITIONS	3
SCHEDULE OF INSURANCE	4
ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE	4
CONTRIBUTIONS	4
PREMIUM RATE(S)	
Initial Rate(s)	4
Frequency of Premium Payment	4
Computation of Premium	4
Premiums for Changes in Insurance	4
Right to Change Premium Rates	5
Retrospective Rate Changes	6
GRACE PERIOD	7
END OF INSURANCE PROVIDED BY THIS POLICY	7
GENERAL PROVISIONS	
Entire Contract	8
Policy Changes or Waivers	8
Incontestability: Statements Made by the Policyholder	8
Incontestability: Statements Made by Covered Persons	8
Certificates	8
Assignment	8
Data Needed	9
Misstatement of Age	9
Non-Dividend Paying	9
Conformity with Law	9
SCHEDULE OF EXHIBITS.....	SCH/EXHIBITS
EXHIBIT 1: Schedule of Premium Rates	EXHIBIT1
EXHIBIT 2: Certificate Forms	EXHIBIT2
EXHIBIT 3: List of Policyholder Subsidiaries, Affiliates and Divisions	EXHIBIT3]

DEFINITIONS

As used in this policy, the terms listed below will have the meanings defined below. When defined terms are used in this policy, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

[Dependent means an individual who is eligible for insurance as provided in the Exhibits attached to this policy.]

[Employee means an individual who is eligible for insurance as an Employee as set forth in the Exhibits attached to this policy which applies to that individual.]

[Employer means the Policyholder shown on page 1 and any subsidiaries, affiliates, divisions, branches or other similar entities of such Policyholder as specified in Exhibit 3.]

[Covered Person means an Employee and/or a Dependent as set forth in the Exhibits attached to this policy which applies to the Employee.]

Policy Anniversary is defined on page 1.

[Policy Month. The first Policy Month will begin on the effective date shown on page 1. Subsequent Policy Months will begin on the same day of each subsequent calendar month.]

[Policy Period means:

- as used in the Retrospective Experience Rating Reduction subsection on page 6, a period which begins on October 1, 2010 and ends on September 30, 2011;
- as used in the Retrospective Experience Rating Increase subsection on page 6, a period which begins on October 1, 2010 and ends on March 31, 2012; and
- as used in the Performance Guarantees subsection on page 6, a period which begins on October 1, 2010 and ends on December 31, 2011.

A subsequent Policy Period may be agreed to by MetLife and the Policyholder.]

Premium means the amount that must be paid to MetLife for all the insurance provided under this policy.

Premium Due Date is defined on page 1.

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record, and which is on or transmitted by paper or electronic media, and which is consistent with applicable law.

Written or **Writing** means a record which is on or transmitted by paper or electronic media, and which is consistent with applicable law.

SCHEDULE OF INSURANCE

The Schedules of Insurance which apply under this policy are set forth in the Exhibits that are attached to this policy.

ELIGIBILITY AND EFFECTIVE DATES OF INSURANCE

The Eligibility and Effective Dates of Insurance provisions that apply under this policy are set forth in the Exhibits that are attached to this policy.

CONTRIBUTIONS

[The Policyholder will not require [an Employee] to contribute to the cost of Insurance.

The maximum amount that [an Employee] may be required to contribute to the cost of Insurance will not exceed the Premium charged for the amounts of such insurance.]

PREMIUM RATE(S)

Initial Rate(s)

The initial Premium rate(s) are shown in Exhibit 1.

Frequency of Premium Payment

Premiums for this policy will be paid as shown on page 1. MetLife and the Policyholder may agree that payment be made [in advance every 3, 6 or 12 months].

Computation of Premium

The Premium due on any Premium Due Date is determined by the total amount of insurance provided by this policy on such Premium Due Date, multiplied by the appropriate Premium rate(s) which are then in effect subject to any Premium adjustments, if applicable.

MetLife may use any reasonable method to compute Premiums due under this policy.

Premiums for Changes in Insurance

[For insurance that takes effect after the first day of a Policy Month, Premium will be charged from the first day of the next Policy Month. However, if a policy amendment or evidence of good health is required for such insurance, Premium will be charged as of the date such insurance takes effect. If insurance ends, Premium will be charged to the date insurance ends.]

PREMIUM RATES (Continued)

Right to Change Premium Rates

MetLife may change Premium rates for changes which materially affect the risk assumed for the insurance provided by this policy, as follows:

1. when this policy is amended or endorsed;
2. when a class of eligible persons is added to or deleted from this policy for any reason including corporate restructuring, acquisition, spin-off or similar situations;
3. when a Policyholder's [subsidiary,] affiliate, division, branch or other similar entity is added to or deleted from this policy for any reason [including corporate restructuring, acquisition, spin-off or similar situations];
4. when there is a significant change in the geographic distribution of insured [Employees];
5. when applicable law requires a change in:
 - a. the insurance provided by this policy; and/or
 - b. the class of persons eligible for insurance under this policy; or
6. when a Premium Due Date coincides with or next follows:
 - a. a change greater than **[5% - 25%]** in the number of Covered Persons since the later of the policy Effective Date and the last date Premium rates were changed; or
 - b. a change greater than **[5% - 25%]** in the amount of insurance provided by this policy since the later of the policy Effective Date and the last date Premium rates were changed.

In addition, MetLife may change Premium rates:

1. except as may be stated in Exhibit 1, on any date on or after the first Policy Anniversary; this will be done no more frequently than every **[6 - 18]** months and only if MetLife notifies the Policyholder, in Writing, at least **[31 - 180]** days before such change; and
2. on any other date agreed to by MetLife and the Policyholder.

The new Premium rates will apply only to Premiums due on or after the date the rate change takes effect.

PREMIUM RATES (Continued)

[Retrospective Rate Changes

Retrospective Experience Rating Reduction. MetLife may retrospectively reduce the Policyholder's Premium for a Policy Period based upon policy experience during such Policy Period. The reduction, if any, will be based upon MetLife's retrospective experience rating formula. If a retrospective experience rating reduction is applicable, a refund of Premium will be paid to the Policyholder in a manner determined by MetLife. That part of a refund greater than the Policyholder's share of the total cost must be used to benefit the employees. [This policy and policy no. ZZZZZ will be treated as one policy to determine the retrospective experience rating refund, if any.]

Retrospective Experience Rating Increase. MetLife may retrospectively increase the Policyholder's Premium for a Policy Period to offset any Deficit for such Policy Period[, plus Deficits from prior Policy Periods, if any]. Any such increase will not exceed [X% of earned Premiums] during such Policy Period(s). If an increase in Premium is applicable, the Policyholder will pay to MetLife the amount of the increase within [31-120] days after MetLife sends notice of the amount due to the Policyholder. MetLife will assess interest on payments received after such date. [This policy and policy no. ZZZZZ will be treated as one policy to determine the retrospective experience rating increase, if any.]

For the purpose of the Retrospective Experience Rating Increase subsection above, the terms Charges and Deficit will have the meanings defined below.

[Charges will include items such as claims paid from MetLife's funds (plus interest), open and unreported claim reserves, approved claim reserves, state plan assessments, taxes, excess risk pool charges, expenses, cash flow and risk charges.]

Deficit means the excess of Charges, as determined by MetLife, against the policy(ies) over earned Premiums.]

Rate Reduction For Failure to Provide Service Levels (Performance Guarantee). At the end of a Policy Period, MetLife may reduce the Policyholder's Premium for such Policy Period as the result of its failure to provide the service levels agreed to in Writing by an officer of MetLife and the Policyholder. The Premium will be reduced by an amount not to exceed [.1% - 3%] of the Premium paid during the Policy Period. [This policy and policy no. ZZZZZ will be treated as one policy to determine the rate reduction, if any.]]

GRACE PERIOD

Each Premium due [after the effective date of this policy] may be paid up to **[31 – 120]** days after its Premium Due Date. This period is the grace period. The insurance provided by this policy will stay in effect during this period. MetLife will notify the Policyholder in Writing that, if the Premium is not paid by the end of the grace period, this policy will end at the end of the last day of the grace period. If MetLife fails to give Written notice to the Policyholder, this policy will continue in effect until the date such notice is given.

Policyholder's intent to end this policy during the grace period. The Policyholder may notify MetLife in Writing prior to the end of the grace period of its intent to end this policy before the end of the grace period. In this case, this policy will end on the later of:

1. the date stated in the notice; or
2. the date MetLife receives the notice.

If the Policyholder replaces this policy with another group insurance policy but does not give MetLife notice of intent to end this policy, the grace period provisions will apply.

Grace period extensions. MetLife may extend the grace period by giving Written notice to the Policyholder. Such notice will state the date this policy will end if the Premium remains unpaid.

Premiums must be paid for a grace period, any extension of such period and any period insurance under this policy was in effect for which Premium was not paid.

END OF INSURANCE PROVIDED BY THIS POLICY

The Policyholder can end this policy by giving **[31- 60]** days advance Written notice to MetLife. The policy will end on the later of:

1. the date stated in the notice; or
2. the date MetLife receives the notice.

MetLife can end this policy as follows:

1. on the date Premium is not paid when due, subject to the Grace Period provisions;
2. on any Premium Due Date, by giving the Policyholder **[31 - 120]** days advance Written notice, if less than:
 - a. **[.1% - 75%]** of persons eligible under this policy are insured for Contributory Insurance;
 - b. 100% of persons eligible under this policy are insured for Noncontributory Insurance; or
 - c. **[2 – 100]** [Employees] are insured by this policy;
3. on any Premium Due Date, by giving the Policyholder **[60 - 120]** days advance Written notice, if the Policyholder fails to provide information on a timely basis or perform any obligations required by this policy or any applicable law; or
4. on any Policy Anniversary, except during a Rate Guarantee Period as may be provided in Exhibit 1, by giving the Policyholder **[31 - 120]** days advance Written notice.]

This policy will end on the date on which the last certificate in effect under this policy ends.

If this policy ends, all Premiums due must be paid. If MetLife accepts Premium after the date this policy ends, such acceptance will not act to reinstate the policy. MetLife will refund any unearned Premium.

GENERAL PROVISIONS

Entire Contract. The entire contract is made up of the following:

1. this policy, including its Exhibits, which include the certificates attached as Exhibits to this policy;
2. [the enrollment forms, if any, of those [Employees] who are Covered Persons;]
3. the Policyholder's application; and
4. the amendments and endorsements to this policy, if any.

Policy Changes or Waivers. The terms and provisions of this policy may be changed, at any time, without the consent of the Covered Persons or anyone else with a beneficial interest in it. MetLife will issue amendments or endorsements to effect such changes. MetLife will only make changes that are consistent with applicable law. An amendment or endorsement will not affect the insurance provided under certificates issued before the effective date of the change, unless retroactivity is consistent with applicable law.

An officer of MetLife must approve in Writing any change or waiver of the terms and provisions of this policy. A sales representative, or other MetLife employee, who is not an officer of MetLife does not have MetLife's authority to approve such changes or waivers. A change or waiver will be evidenced by an amendment Signed by an officer of MetLife and the Policyholder or an endorsement Signed by an officer of MetLife. A copy of the amendment or endorsement will be provided to the Policyholder for attachment to this policy.

Incontestability: Statements Made by the Policyholder. Any statement made by the Policyholder will be considered a representation and not a warranty. MetLife will not use such statement to avoid insurance, reduce benefits or defend a claim unless it is contained in a Written application. MetLife will not use such statement to contest insurance after it has been in force for 2 years from its effective date, or date of last reinstatement, unless the statement is fraudulent.

[Incontestability: Statements Made by Covered Persons. Any statement made by a Covered Person will be considered a representation and not a warranty. MetLife will not use such statement to avoid insurance, reduce benefits or defend a claim unless the following requirements are met:

1. the statement is in a Written application or enrollment form;
2. the Covered Person has Signed the application or enrollment form; and
3. a copy of the application or enrollment form has been given to the Covered Person or his beneficiary.

MetLife will not use a Covered Person's statements which relate to insurability to contest insurance after it has been in force for 2 years, unless the statement is fraudulent. In addition, MetLife will not use such statements to contest an increase or benefit addition to such insurance after the increase or benefit has been in force for 2 years, unless such statement is fraudulent.]

Certificates. MetLife will issue certificates to the Policyholder, for delivery to each [Employee] covered under the policy, a certificate that has been prepared for each such [Employee] so as to describe the [Employee's] benefits and rights under this policy.

Assignment. [The rights and benefits under this policy are not assignable, except as required by law or as permitted by MetLife.]

GENERAL PROVISIONS (Continued)

Data Needed. The Policyholder will provide MetLife with all the data needed to compute Premiums and carry out the terms of this policy. MetLife may examine such data at any reasonable time. If MetLife or the Policyholder make a clerical error in keeping the data, the Premium and/or benefits will be adjusted according to the correct data. An error will not end insurance validly in effect, nor will it continue insurance validly ended.

Misstatement of Age. If a Covered Person's age is misstated, the correct age will be used to determine if insurance is in effect and, as appropriate, adjust the Premium and/or benefits.

Non-Dividend Paying. This policy does not pay dividends.

Conformity with Law. If the terms and provisions of this policy do not conform to any applicable law, this policy shall be interpreted to so conform.

SCHEDULE OF EXHIBITS

Exhibit Number	Exhibit Type	Applies To	Effective Date
[1	Schedule of Premium Rates	All Covered Persons	October 1, 2010
2	Certificate Forms	All Employees	October 1, 2010
3	List of Policyholder's Subsidiaries, Affiliates, Divisions, Branches and Other Similar Entities	All Covered Persons	October 1, 2010]

EXHIBIT 1

SCHEDULE OF PREMIUM RATES

[The initial monthly Premium rates for the insurance provided by this policy are as follows:

For Employees and Covered Spouses, rates are determined separately for each covered person based on that person's tobacco user status as of his or her effective date of coverage, and that person's attained age as of the premium due date:

Tobacco Users

Younger than Age 25	\$X.XX per \$1,000 of insurance
Age 25 to 29	\$X.XX per \$1,000 of insurance
Age 30 to 34	\$X.XX per \$1,000 of insurance
Age 35 to 39	\$X.XX per \$1,000 of insurance
Age 40 to 44	\$X.XX per \$1,000 of insurance
Age 45 to 49	\$X.XX per \$1,000 of insurance
Age 50 to 54	\$X.XX per \$1,000 of insurance
Age 55 to 59	\$X.XX per \$1,000 of insurance
Age 60 to 64	\$X.XX per \$1,000 of insurance
Age 65 to 69	\$X.XX per \$1,000 of insurance
Age 70 to 74	\$X.XX per \$1,000 of insurance
Age 75 to 79	\$X.XX per \$1,000 of insurance
Age 80 to 84	\$X.XX per \$1,000 of insurance
Age 85 or higher	\$X.XX per \$1,000 of insurance

Non-Tobacco Users

Younger than Age 25	\$X.XX per \$1,000 of insurance
Age 25 to 29	\$X.XX per \$1,000 of insurance
Age 30 to 34	\$X.XX per \$1,000 of insurance
Age 35 to 39	\$X.XX per \$1,000 of insurance
Age 40 to 44	\$X.XX per \$1,000 of insurance
Age 45 to 49	\$X.XX per \$1,000 of insurance
Age 50 to 54	\$X.XX per \$1,000 of insurance
Age 55 to 59	\$X.XX per \$1,000 of insurance
Age 60 to 64	\$X.XX per \$1,000 of insurance
Age 65 to 69	\$X.XX per \$1,000 of insurance
Age 70 to 74	\$X.XX per \$1,000 of insurance
Age 75 to 79	\$X.XX per \$1,000 of insurance
Age 80 to 84	\$X.XX per \$1,000 of insurance
Age 85 or higher	\$X.XX per \$1,000 of insurance

For Dependent Children, charge is determined per employee, for each employee with dependent child coverage, regardless of the actual number of dependent children covered for that employee

Per employee	\$X.XX
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Rate Guarantee Period

Subject to the Right to Change Premium Rates provision on page 5, these Premium rates will be in effect from October 1, 2010 to September 30, 2011.]

EXHIBIT 2

CERTIFICATE FORMS

[Certificate Number	Certificate Form	Applies To	Effective Date
1	XXXXXXX	All Employees of AnyCompany	October 1, 2010
2	YYYYYYY	All Employees of AnySubsidiary	October 1, 2010
3	<u>ZZZZZZZZ</u>	All Employees of AnyAffiliate	October 1, 2010]

[EXHIBIT 3

LIST OF POLICYHOLDER SUBSIDIARIES, AFFILIATES, DIVISIONS, BRANCHES AND OTHER SIMILAR ENTITIES

The subsidiaries, affiliates, divisions, branches and other similar entities listed below are included for insurance under this policy as of the effective dates shown below. The Policyholder acts for all listed subsidiaries, affiliates, divisions, branches and other similar entities in all matters of this policy. Such actions bind all listed subsidiaries, affiliates, divisions, branches and other similar entities.

MetLife and the Policyholder must agree to any change to this list. If change is needed, a policy amendment will be issued and attached to this policy to reflect the change to this Exhibit.

**Name/Address of Subsidiary, Affiliate, Division,
Branch and Other Similar Entity**

Effective Date

AnySubsidiary
123 Any Street
Any City, Any Jurisdiction 12345

October 1, 2010

AnyAffiliate
456 Any Street
Any City, Any Jurisdiction 12346]

October 1, 2010

HEALTH SCREENING BENEFIT

If [a Covered Person] undergo[es] one of the following tests while [such Covered Person is] insured under this Certificate [and after Your insurance has been in effect for [1-12] months,] We will pay a health screening benefit upon submission of adequate evidence that the test was performed. In order to receive the health screening benefit, evidence of the test must be sent to Us at Your expense. Such evidence must consist of Written documentation satisfactory to Us that [a Covered Person has] undergone one of the following tests. When We receive such evidence, We will review it, and if We approve it, We will pay a health screening benefit of [**\$50-\$100**].

The covered tests are:

- [breast MRI;
- breast ultrasound;
- breast sonogram;
- carotid doppler;
- colonoscopy;
- virtual colonoscopy;
- flexible sigmoidoscopy;
- endoscopy;
- digital rectal exam (DRE);
- electrocardiogram (EKG);
- fasting blood glucose test;
- fasting plasma glucose test;
- two hour post-load plasma glucose test;
- hemocult stool specimen;
- mammogram;
- pap smears or thin prep pap test;
- prostate-specific antigen (PSA) test;
- serum cholesterol test to determine LDL and HDL levels;
- blood test to determine total cholesterol;
- blood test to determine triglycerides; or
- stress test on bicycle or treadmill.]

This benefit is limited to one test [per Covered Person] per calendar year.

SPECIAL RULES FOR COVERED PERSONS PREVIOUSLY INSURED UNDER A GROUP CRITICAL ILLNESS INSURANCE POLICY ISSUED TO THE GROUP POLICYHOLDER BY METLIFE

The Group Policy is replacing another policy of group critical illness insurance that was issued by MetLife to the Group Policyholder. This provision explains how the replacement of that other MetLife group critical illness insurance policy will affect people who were covered under that policy.

In this provision, the terms listed below will have the meanings listed below.

New Policy means the Group Policy under which this Certificate is issued.

Old Policy means the policy of group critical illness insurance, issued by MetLife, that was replaced by the New Policy.

[Each Covered Person who was insured under the Old Policy on the date that it ended] will be:

- insured under the New Policy on the date it takes effect; and
- credited for the time [such Covered Person] had been continuously insured under the Old Policy, on the date it ended, in determining:
 1. whether a Covered Condition is a Pre-Existing Condition under the Pre-Existing Condition Exclusion in this Certificate; and
 2. whether a Covered Condition is subject to the Waiting Period in this Certificate.

The Total Benefit Amount under this Certificate will be reduced [for each Covered Person] by any amounts paid [with respect to that Covered Person] for any Covered Condition under the Old Policy.

[With respect to each Covered Person, if a benefit was paid] for Partial Benefit Cancer under the Old Policy:

- We will reduce what we pay with respect to [such Covered Person] for Covered Conditions in Category 1 (Category 1 is shown in the table on page [XX] of this Certificate) by the amount that was paid with respect to [such Covered Person] under the Old Policy for Partial Benefit Cancer; and
- no benefits will be payable with respect to [such Covered Person] under this Certificate for Partial Benefit Cancer.

[With respect to each Covered Person, if a benefit was paid] for Coronary Artery Bypass Graft under the Old Policy:

- We will reduce what we pay with respect to [such Covered Person] for Covered Conditions in Category 2 (Category 2 is shown on in the table on page [XX] of this Certificate) by the amount that was paid with respect to [such Covered Person] under the Old Policy for Coronary Artery Bypass Graft; and
- no benefits will be payable with respect to [such Covered Person] under this Certificate for Coronary Artery Bypass Graft.

[The form that was used to enroll [a Covered Person] for insurance under the Old Policy will be used as the Enrollment Form for [such Covered Person] under the New Policy.]

SPECIAL RULES FOR COVERED PERSONS PREVIOUSLY INSURED UNDER ANOTHER GROUP CRITICAL ILLNESS INSURANCE POLICY ISSUED TO THE GROUP POLICYHOLDER

The Group Policy is replacing another policy of group critical illness insurance that was issued to the Group Policyholder. This provision explains how the replacement of that other group critical illness insurance policy will affect people who were covered under that policy.

In this provision, the terms listed below will have the meanings listed below.

New Policy means the Group Policy under which this Certificate is issued.

Old Policy means the policy of group critical illness insurance that was replaced by the New Policy.

[Each Covered Person who was insured under the Old Policy on the date that it ended] will be:

- insured under the New Policy on the date it takes effect; and
- credited for the time [such Covered Person] had been continuously insured under the Old Policy on the date it ended in determining:
 1. whether a Covered Condition is a Pre-Existing Condition under the Pre-Existing Condition Exclusion in this Certificate; and
 2. whether a Covered Condition is subject to the Waiting Period in this Certificate.

To the extent that benefits were paid under the Old Policy with respect to [a Covered Person] for any Covered Condition:

- We will reduce what we would otherwise pay with respect to [such Covered Person] for any Occurrence of that Covered Condition under this Certificate;
- We will reduce what we pay with respect to [such Covered Person] for other Covered Conditions that are in the same category of Covered Conditions as the Covered Condition for which payment was made under the Old Policy (categories of Covered Conditions are shown on page [XX]); and
- the Total Benefit Amount with respect to [such Covered Person] under this Certificate will be reduced.

[The form that was used to enroll [a Covered Person] for insurance under the Old Policy will be used as the Enrollment Form for [such Covered Person] under the New Policy.]

LIMITATIONS

[Benefit Reduction Due to Age

Your Category Benefit Amount and the Total Benefit Amount will each be reduced when You reach certain ages, as shown in the Schedule of Insurance. [The Category Benefit Amount and the Total Benefit Amount for Your Spouse or Domestic Partner will each be reduced when Your Spouse or Domestic Partner reach certain ages, as shown in the Schedule of Insurance.]

If the Total Benefit Amount, when reduced under the Benefit Reduction Due to Age provision, is less than or equal to the sum of all benefits previously paid under this Certificate, insurance under this Certificate will end on the date of such reduction.]

Waiting Period

On the date a Covered Person's insurance under this Certificate becomes effective, a waiting period starts with respect to such insurance. Such insurance will be void if [the Covered Person]:

- experience[s] a Covered Condition during the waiting period; or
- exhibits symptoms, or any medical or physical conditions, during the waiting period that would cause an ordinarily prudent person to seek diagnosis, care or treatment, and [the Covered Person is] Diagnosed with Partial Benefit Cancer or Full Benefit Cancer.

On the date a Benefit Increase becomes effective, a waiting period starts with respect to the Benefit Increase. Such Benefit Increase will be void [with respect to a Covered Person] if [the Covered Person]:

- experience[s] a Covered Condition during the waiting period; or
- exhibits symptoms, or any medical or physical conditions, during the waiting period that would cause an ordinarily prudent person to seek diagnosis, care or treatment, and [the Covered Person is] Diagnosed with Partial Benefit Cancer or Full Benefit Cancer.

Contributions You have paid for any insurance that is voided under this section will be returned to You without interest[, except if Your Dependent Child is the Covered Person whose insurance is void under this provision. If insurance for a Dependent Child is void under this provision, Contributions paid for that insurance will be returned to You only if there is no insurance remaining in effect for any Dependent Child under this Certificate. If You are the Covered Person whose insurance is void under this provision, and as a result You no longer have any insurance in effect under the Group Policy, insurance for Your Dependents will also be void].

If a claim is denied under this Waiting Period provision, at Your option, We will exclude the Covered Condition and insurance that would otherwise be void under this Waiting Period provision will not be void. In order for You to exercise this option, You must notify Us in Writing within 30 days after We notify You that Your claim is denied under this Waiting Period provision. If a Covered Condition is excluded with respect to a Covered Person under this Waiting Period provision, no benefits will ever be payable under this Certificate for any future Occurrence of that Covered Condition with respect to that Covered Person.

The length of the waiting period is shown in the Schedule of Insurance.

PREEXISTING CONDITION EXCLUSION

Preexisting Condition means a sickness or injury for which, in the [3-12] months before [a Covered Person] become[s] insured under this Certificate, or before any Benefit Increase with respect to such Covered Person:

- medical advice, treatment or care was sought by [such Covered Person], or, recommended by, prescribed by or received from a Physician or other Practitioner of the Healing Arts; or
- symptoms, or any medical or physical conditions existed that would cause an ordinarily prudent person to seek diagnosis, care or treatment.

We will not pay benefits for a Covered Condition that is caused by or results from a Preexisting Condition if the Covered Condition Occurs during the first [3-12] months that [a Covered Person is] insured under this Certificate.

With respect to a Benefit Increase, We will not pay benefits for such Benefit Increase for a Covered Condition that is caused by or results from a Preexisting Condition if the Covered Condition Occurs during the first [3-12] months after such increase in the Total Benefit Amount.

OTHER EXCLUSIONS

Exclusion for Intoxication

We will not pay benefits for any Covered Condition that is caused by, contributed to by, or results from [a Covered Person's] involvement in an incident, where [such Covered Person is] intoxicated at the time of the incident and is the operator of a vehicle involved in the incident.

Intoxicated means that [the Covered Person's] alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

General Exclusions

We will not pay benefits for any Covered Conditions caused by, contributed to by, or resulting from [a Covered Person]:

- participating in a felony, riot or insurrection;
- intentionally causing a self-inflicted injury;
- committing or attempting to commit suicide while sane or insane;
- voluntarily taking or using any drug, medication or sedative unless it is:
 - taken or used as prescribed by a Physician, or
 - an "over the counter" drug, medication or sedative taken according to package directions;
- engaging in any illegal occupation; or
- serving in the armed forces or any auxiliary unit of the armed forces of any country.

We will not pay benefits for Covered Conditions arising from war or any act of war, even if war is not declared.

We will not pay benefits for any Covered Condition for which Diagnosis is made outside the United States, unless the Diagnosis is confirmed in the United States, in which case the Covered Condition will be deemed to Occur on the date the Diagnosis is made outside the United States.

We will not pay benefits for any Covered Condition that does not First Occur [for a Covered Person] while [such Covered Person is] insured under this Certificate.

CONTINUATION OF INSURANCE WITH PREMIUM PAYMENT

For Mentally Or Physically Handicapped Children

Insurance for a Dependent Child may be continued past the age limit if that child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law, if such Dependent Child developed such physical or mental handicap prior to the attainment of age 19 and is chiefly dependent upon You for support and maintenance. Notice of such handicap must be sent to Us. At Your expense We may request proof of such handicap at reasonable intervals while such handicap continues.

Except as stated in the Date Dependent Insurance Ends subsection of the section titled WHEN INSURANCE ENDS, insurance will continue while such Dependent Child:

- remains incapable of self-sustaining employment because of a mental or physical handicap; and
- continues to qualify as a Dependent Child, except for the age limit.

<i>SERFF Tracking Number:</i>	<i>META-126423829</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44512</i>
<i>Company Tracking Number:</i>	<i>NY09-21 JD (LW)</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>Group Accident and Health Insurance</i>		
<i>Project Name/Number:</i>	<i>GPNP09-CI/NY09-21 JD</i>		

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved- Closed 01/08/2010	Rate Pages 7, 9, 19	GCERT07-CI	New		AR 36A Revised.pdf
Approved- Closed 01/08/2010	Rate Manual Section XXXVI(A)	GCERT07-CI	New		Critical Illness Group 2.5 AR.pdf

METROPOLITAN LIFE INSURANCE COMPANY
Section XXXVI(A)
Group Critical Illness Insurance GCERT07-CI Arkansas

format, and consistency of all available information will be considered in determining the reliability of the prior carrier's experience.

- VIII. This coverage may be subject to prospective experience rating. The premium rates otherwise applicable for such coverage in accordance with this section may be adjusted for the experience incurred with Metropolitan to the extent that such experience data is reliable and credible.
- IX. If a health screening benefit is included in the coverage, a charge according to Table XXXVI(A).15 will be added (right before adding broker commissions in Step 10 in Section III A, III B and Section IV A, IV B) for each covered person in determining total gross premiums.
- X. Gross premium rates determined in Section IV A, B and C may be combined to show total premium rates, based on the employee's age, for coverage of Employee Only (A), Employee plus Dependent Spouse (A+B), Employee plus Dependent Children (A+C), and Employee plus Family (A+B+C). In such calculation, the spouse of an employee is assumed to be of the opposite gender, and, the male spouse is assumed to be 3 years older than the female spouse.

METROPOLITAN LIFE INSURANCE COMPANY
Section XXXVI(A)
Group Critical Illness Insurance GCERT07-CI Arkansas

**Table XXXVI(A).2 – Non-Contributory Coverage
Underwriting Adjustment Factors**

Age	Guaranteed Issue	Other Methods
<25	1.03	1.0
25 - 29	1.03	1.0
30 - 34	1.03	1.0
35 - 39	1.03	1.0
40 - 44	1.09	1.0
45 - 49	1.14	1.0
50 - 54	1.15	1.0
55 - 59	1.16	1.0
60 - 64	1.17	1.0
65 - 69	1.18	1.0
70 - 74	1.22	1.0
75 - 79	1.27	1.0
80 - 84	1.30	1.0
85+	1.32	1.0

Table XXXVI(A).3 – Waiting Period Adjustment Factors

	Full and Partial Benefit Cancers			
Other Covered Conditions	0 Days	30 Days	60 Days	90 Days
0 Days	1.012	N/A	N/A	N/A
30 Days	N/A	1.000	0.990	0.980
60 Days	N/A	0.995	0.983	0.973
90 Days	N/A	0.987	0.977	0.967

Table XXXVI(A).4 – Pre-Existing Condition Exclusion Adjustment Factors

Limitation in Months	Adjustment Factor
0/0	1.08
3/6	1.05
6/6	1.03
3/12	1.03
6/12	1.02
9/12	1.01
12/12	1.00

METROPOLITAN LIFE INSURANCE COMPANY
Section XXXVI(A)
Group Critical Illness Insurance GCERT07-CI Arkansas

Table XXXVI(A).15 –Premium Rates for Health Screening Benefit

Benefit Amount (Annual)	Premiums (Monthly)
\$50	0.69
\$60	0.92
\$70	1.17
\$80	1.44
\$90	1.75
\$100	2.08

METROPOLITAN LIFE INSURANCE COMPANY
Section XXXVI(A)
Group Critical Illness Insurance GCERT07-CI Arkansas

- I. The group policy provides a lump-sum benefit amount, subject to the terms and conditions of the Group Policy, if a Covered Condition First Occurs while a Covered Person is insured under the Policy. Coverage, defined as the Category Benefit Amount, may be available under this form in amounts up to \$500,000, in increments of \$1,000.

Coverage may also be provided for dependent spouses and dependent children of employees.

- II. Covered Conditions are grouped into three categories, as shown below. If a Covered Condition First Occurs for a Covered Person, while such Covered Person is insured under this Policy, MetLife will pay the benefit described below for such Covered Condition, provided, however, that:

- a) MetLife will never pay more with respect to any Covered Person than the Category Benefit Amount shown in the Schedule of Insurance for all of the Covered Conditions listed in any one category; and
- b) MetLife will never pay more with respect to any Covered Person than the Total Benefit Amount shown in the Schedule of Insurance.

Category 1	Category 2	Category 3
Full Benefit Cancer Partial Benefit Cancer Bone Marrow Transplant	Heart Attack Stroke Coronary Artery Bypass Graft Heart Transplant	Kidney Failure Major Organ Transplant

The following table shows the benefit payable, subject to the terms and conditions of the Policy, for any of the following Covered Conditions that First Occurs for a Covered Person while such Covered Person is insured under this Policy.

Covered Condition	Benefit
Bone Marrow Transplant	100% of the Category Benefit Amount
Heart Attack	100% of the Category Benefit Amount
Heart Transplant	100% of the Category Benefit Amount
Kidney Failure	100% of the Category Benefit Amount
Major Organ Transplant	100% of the Category Benefit Amount
Stroke	100% of the Category Benefit Amount
Full Benefit Cancer	100% of the Category Benefit Amount
Partial Benefit Cancer	25% of the Category Benefit Amount
Coronary Artery Disease	25% of the Category Benefit Amount

METROPOLITAN LIFE INSURANCE COMPANY
Section XXXVI(A)
Group Critical Illness Insurance GCERT07-CI Arkansas

Additional Covered Conditions

MetLife will not pay a benefit for any Covered Condition that First Occurs for a Covered Person during a Benefit Suspension Period if such Covered Condition is in a different category of Covered Conditions from the Covered Condition that started the Benefit Suspension Period. A Benefit Suspension Period will not apply to a Covered Condition that is within the same category of Covered Conditions as the Covered Condition that started the Benefit Suspension Period.

If a Covered Condition First Occurs for a Covered Person during a Benefit Suspension Period, and solely as a result of such Benefit Suspension Period, no benefit is paid for such Covered Condition, MetLife will treat the next Occurrence (if any) of such Covered Condition after the Benefit Suspension Period ends, as the First Occurrence of such Covered Condition.

III. Policies Providing Benefits with Premiums to be Paid by the Group Policyholder

A. Standard Monthly Premium Rates for Employee Coverage

The standard monthly premium rates per \$1,000 of coverage for each group applicable to policyholder paid employee coverage will be computed based on the demographics of the group, the principal industry of employment of that group, and the underwriting method according to the following algorithm.

Step 1: Multiply the base monthly premium rates shown in Table XXXVI(A).1 by appropriate Underwriting Adjustment Factors shown in Table XXXVI(A).2. Name this adjusted monthly premium rates table as Table A.

Step 2: Cross multiply Table A from Step 1 with the applicable proposed coverage amounts (in thousands) determined using a complete census of the insured classes of employees or eligible classes of employees provided by the group policyholder. Sum the result obtained for each age and gender cell across all age and gender cells.

Step 3: Sum the total proposed coverage amounts across the entire census used in Step 2.

Step 4: Divide the result of Step 2 by the result of Step 3.

Step 5: Multiply the result of Step 4 by the applicable Waiting Period Adjustment Factor from Table XXXVI(A).3.

Step 6: Multiply the result of Step 5 by the applicable Pre-existing Condition Exclusion Adjustment Factor from Table XXXVI(A).4.

METROPOLITAN LIFE INSURANCE COMPANY
Section XXXVI(A)
Group Critical Illness Insurance GCERT07-CI Arkansas

Step 7: Multiply the result of Step 6 by the applicable Industry Adjustment Factor from Table XXXVI(A).5.

Step 8: Adjust the results from Step 7 to reflect an increasing trend in claim cost. The baseline rates derived from Step 7 will be multiplied by $(\text{Trend Factor})^T$, where T is the elapsed time (measured in years) from 7/1/2007 to the mid-point of the prospective policy period. The applicable Trend Factor is shown in Table XXXVI(A).12 of this section.

Step 9: Multiply the result of Step 8 by the appropriate Volume Adjustment Factor from Table XXXVI(A).6.

Step 10: Broker commissions payable in accordance with Table XXXVI(A).13 of this section will be included in the final premium rates if applicable.

Step 11: Round the results of Step 10 to 3 decimal places to determine the final result.

B. Standard Monthly Premium Rates for Dependent Spouses Coverage

The standard monthly premium rates per \$1,000 of coverage for each group applicable to policyholder paid employee coverage will be computed based on the demographics of the group, the principal industry of employment of that group, and the underwriting method according to the following algorithm.

Step 1: Multiply the base monthly premium rates shown in Table XXXVI(A).1 by appropriate Underwriting Adjustment Factors shown in Table XXXVI(A).2. Name this adjusted monthly premium rates table as Table A.

Step 2: Cross multiply Table A from Step 1 with the applicable proposed coverage amounts (in thousands) determined using a complete census of the insured classes of dependent spouses or eligible classes of dependent spouses provided by the group policyholder. Sum the result obtained for each age and gender cell across all age and gender cells. In the event a dependent spouse census is not available, an employee census may be used. In such instances, assume spouses are of the opposite sex of the employee. Further assume that female spouses are three (3) years younger than male employees, and that male spouses are three (3) years older than female employees.

Steps 3-11: Same as Steps 3-11 outlined in Section III.A.

METROPOLITAN LIFE INSURANCE COMPANY
Section XXXVI(A)
Group Critical Illness Insurance GCERT07-CI Arkansas

C. Standard Monthly Premium Rates for Dependent Children Coverage

If the policy provides standard benefits for dependent children, the standard monthly premium rates per \$1,000 will be based on the age at which dependent child coverage ends as contained in the policy as shown in Table XXXVI(A).11.

IV. Policies Providing Voluntary Benefits with Premiums to be Paid by the Participants

A. Monthly Premium Rates for Employee Coverage

Uni-sex rates per \$1,000 of voluntary coverage will be developed by smoking status in 5-year age brackets for each group policy. The premiums charged to covered persons will be based on the actual amount of coverage elected by the certificate holder, the covered person's attained age, and the covered person's smoking status. A schedule of uni-smoker rates will also be available.

A premium schedule of monthly unisex rates per \$1,000 of coverage for each group applicable to voluntary employee coverage will be computed based on the demographics of the group, the underwriting method, and the principal industry of employment of that group according to the following algorithm.

Step 1: Determine the expected distribution of employee coverage between male and female employees. If a group specific employee census is available, the percentage of males and females within the overall group should be determined directly from the data. If no census is available, the expected overall percentage of male employees should be determined by using the factors in Table XXXVI(A).5 and the Standard Industrial Classification ("SIC") code of the group. The percentage of female employees is then calculated by subtracting the percentage of male employees thus determined from 1.

Step 2: Using the male and female percentages determined in Step 1, blend the male and female non-smoker base rates from Table XXXVI(A).7 within each 5-year age bracket using the following formula:

Blended Non Smoker ("NS") Base Rate_i = (% male) x (male NS base rate)_i + (% female) x (female NS base rate)_i for each age bracket i.

Step 3: Using the male and female percentages determined in Step 1, blend the male and female smoker base rates from Table XXXVI(A).7 within each 5-year age bracket using the following formula:

Blended Smoker ("S") Base Rate_i = (% male) x (male S base rate)_i + (% female) x (female S base rate)_i for each age bracket i.

METROPOLITAN LIFE INSURANCE COMPANY
Section XXXVI(A)
Group Critical Illness Insurance GCERT07-CI Arkansas

Step 4: For Guaranteed Issue policies, adjust the blended 5-yr bracket rates in Step 2 and Step 3 by the appropriate Underwriting Adjustment Factors, as shown in Table XXXVI(A).9, based on anticipated participation rate.

Step 5: Multiply each 5-year bracket rates in the non-smoker step rate table and the smoker step rate table, both derived in Step 4, by the applicable Waiting Period Adjustment Factor from Table XXXVI(A).3.

Step 6: Multiply each 5-year bracket rates in the non-smoker step rate table and the smoker step rate table in Step 5 by the applicable Pre-existing Condition Exclusion Adjustment Factor from Table XXXVI(A).4.

Step 7: Multiply each 5-year bracket rates in the non-smoker step rate table and the smoker step rate table in Step 6 by the applicable Industry Adjustment Factor from Table XXXVI(A).5.

Step 8: Adjust the results from Step 7 to reflect an increasing trend in claim cost. The baseline rates derived from Step 7 will be multiplied by $(\text{Trend Factor})^T$, where T is the elapsed time (measured in years) from 7/1/2007 to the mid-point of the prospective policy period. The applicable Trend Factor is shown in Table XXXVI(A).12 of this section.

Step 9: Multiply each 5-year bracket rates in the non-smoker step rate table and the smoker step rate table in Step 8 by the appropriate Volume Adjustment Factor from Table XXXVI(A).10 based on the underwriting method.

On existing groups, use the current actual participation and non-smoker/smoker percentage to estimate annual premiums. To estimate annual premiums on brand new prospects, assume 10%-25 % participation for guaranteed issue cases, 5%-15% for simplified issue cases, and 1%-3% for full underwriting cases. Underwriters may use discretion in modifying the participation assumption if more reliable information is available for any particular group.

If the group policyholder prefers an uni-smoker rate structure, a schedule of uni-smoker rates can be developed. Smokers and non-smokers rates from Step 9 can be blended based on anticipated smokers/non-smokers participant ratio.

Step 10: Broker commissions payable in accordance with Table XXXVI(A).13 of this section will be included in the final premium rates if applicable.

Step 11: Round the results from Step 10 to 2 decimal places to determine the final result.

B. Monthly Premium Rates for Dependent Spouses Coverage

Uni-sex rates per \$1,000 of voluntary coverage will be developed by smoking status in 5-year age brackets for each group policy. The premiums charged to covered persons will be based on the actual amount of coverage elected by the certificate holder, the covered person's attained

METROPOLITAN LIFE INSURANCE COMPANY
Section XXXVI(A)
Group Critical Illness Insurance GCERT07-CI Arkansas

age, and the covered person's smoking status. A schedule of uni-smoker rates will also be available.

A premium schedule of monthly unisex rates per \$1,000 of coverage for each group applicable to voluntary employee coverage will be computed based on the demographics of the group, the underwriting method, and the principal industry of employment of that group according to the following algorithm.

Step 1: Determine the expected distribution of coverage between male and female dependent spouses. If a group specific dependent spouse census is available, the percentage of male and female dependent spouses within the overall group should be determined directly from the data. If no dependent spouse census is available, the expected overall percentage of male dependent spouses should be determined by subtracting the percentage of female employees (as determined in accordance with Section IV.A, Step 1) in the group from 1. The percentage of female dependent spouses is then calculated by subtracting the percentage of male dependent spouses thus determined from 1.

Steps 2-11: Same as Steps 2-11 outlined in Section IV.A, except that Table XXXVI(A).8 should be used instead of Table XXXVI(A).7.

C. Standard Monthly Premium Rates for Dependent Children Coverage

If the policy provides voluntary benefits for dependent children, the standard monthly premium rates per \$1,000 will be based on the age at which dependent child coverage ends as contained in the policy as shown in Table XXXVI(A).9.

- V. To convert monthly premiums developed in this section to a mode other than monthly, multiply the final rates developed in accordance with this section by the factors from Table XXXVI(A).14 of this rate manual.
- VI. The provisions of a particular employer's plan may call for variations in approved benefit designs not explicitly outlined. Appropriate interpolation or extrapolation methods will be used to determine premium rates for plans or benefits with specifications different from those shown in this section.
- VII. When group insurance coverage not presently in force with Metropolitan is transferred to Metropolitan from another carrier, the premium rates otherwise applicable for such coverage in accordance with this section may be adjusted for the experience incurred with the prior carrier to the extent that such carrier's experience data is reliable and credible. The completeness,

METROPOLITAN LIFE INSURANCE COMPANY
Section XXXVI(A)
Group Critical Illness Insurance GCERT07-CI Arkansas

format, and consistency of all available information will be considered in determining the reliability of the prior carrier's experience.

- VIII. This coverage may be subject to prospective experience rating. The premium rates otherwise applicable for such coverage in accordance with this section may be adjusted for the experience incurred with Metropolitan to the extent that such experience data is reliable and credible.
- IX. If a health screening benefit is included in the coverage, a charge according to Table XXXVI(A).15 will be added (right before adding broker commissions in Step 10 in Section III A, III B and Section IV A, IV B) for each covered person in determining total gross premiums.
- X. Gross premium rates determined in Section IV A, B and C may be combined to show total premium rates, based on the employee's age, for coverage of Employee Only (A), Employee plus Dependent Spouse (A+B), Employee plus Dependent Children (A+C), and Employee plus Family (A+B+C). In such calculation, the spouse of an employee is assumed to be of the opposite gender, and, the male spouse is assumed to be 3 years older than the female spouse.

METROPOLITAN LIFE INSURANCE COMPANY
Section XXXVI(A)
Group Critical Illness Insurance GCERT07-CI Arkansas

**Table XXXVI(A).1 – Base Monthly Premium Rates per \$1,000 for
Non-Contributory Coverage**

Age	Male	Female	Age	Male	Female
17	0.034	0.032	59	2.861	1.998
18	0.039	0.038	60	3.118	2.151
19	0.044	0.044	61	3.425	2.316
20	0.050	0.051	62	3.750	2.492
21	0.056	0.058	63	4.125	2.693
22	0.062	0.065	64	4.511	2.897
23	0.069	0.074	65	4.932	3.120
24	0.075	0.083	66	5.349	3.330
25	0.082	0.093	67	5.781	3.544
26	0.089	0.102	68	6.186	3.757
27	0.095	0.111	69	6.564	4.028
28	0.103	0.123	70	6.995	4.323
29	0.114	0.136	71	7.473	4.675
30	0.127	0.150	72	8.003	5.084
31	0.145	0.166	73	8.487	5.523
32	0.165	0.182	74	8.975	5.963
33	0.190	0.206	75	9.467	6.406
34	0.215	0.230	76	9.932	6.847
35	0.241	0.254	77	10.400	7.291
36	0.266	0.278	78	10.816	7.712
37	0.291	0.302	79	11.235	8.137
38	0.323	0.338	80	11.654	8.568
39	0.361	0.377	81	12.007	8.937
40	0.403	0.419	82	12.303	9.250
41	0.451	0.463	83	12.481	9.458
42	0.503	0.510	84	12.601	9.604
43	0.577	0.573	85	12.663	9.688
44	0.651	0.635	86	12.724	9.772
45	0.724	0.697	87	12.785	9.856
46	0.797	0.759	88	12.829	9.919
47	0.870	0.821	89	12.856	9.963
48	0.975	0.891	90	12.887	10.002
49	1.087	0.967	91	12.901	10.020
50	1.205	1.047	92	12.898	10.019
51	1.329	1.132	93	12.895	10.018
52	1.459	1.221	94	12.892	10.016
53	1.641	1.328	95	12.889	10.015
54	1.823	1.435	96	12.886	10.014
55	2.004	1.542	97	12.883	10.013
56	2.192	1.650	98	12.880	10.011
57	2.380	1.759	99	12.877	10.010
58	2.616	1.873	100	12.874	10.009

METROPOLITAN LIFE INSURANCE COMPANY
Section XXXVI(A)
Group Critical Illness Insurance GCERT07-CI Arkansas

**Table XXXVI(A).2 – Non-Contributory Coverage
Underwriting Adjustment Factors**

Age	Guaranteed Issue	Other Methods
<25	1.03	1.0
25 - 29	1.03	1.0
30 - 34	1.03	1.0
35 - 39	1.03	1.0
40 - 44	1.09	1.0
45 - 49	1.14	1.0
50 - 54	1.15	1.0
55 - 59	1.16	1.0
60 - 64	1.17	1.0
65 - 69	1.18	1.0
70 - 74	1.22	1.0
75 - 79	1.27	1.0
80 - 84	1.30	1.0
85+	1.32	1.0

Table XXXVI(A).3 – Waiting Period Adjustment Factors

	Full and Partial Benefit Cancers			
Other Covered Conditions	0 Days	30 Days	60 Days	90 Days
0 Days	1.012	N/A	N/A	N/A
30 Days	N/A	1.000	0.990	0.980
60 Days	N/A	0.995	0.983	0.973
90 Days	N/A	0.987	0.977	0.967

Table XXXVI(A).4 – Pre-Existing Condition Exclusion Adjustment Factors

Limitation in Months	Adjustment Factor
0/0	1.08
3/6	1.05
6/6	1.03
3/12	1.03
6/12	1.02
9/12	1.01
12/12	1.00

METROPOLITAN LIFE INSURANCE COMPANY
Section XXXVI(A)
Group Critical Illness Insurance GCERT07-CI Arkansas

Table XXXVI(A).5 – Industry Adjustment Factors

SIC*	Industry Description	Male Percent	Factors
100	Agricultural Production, Crops	75%	1.05
200	Agricultural Production, Livestock	75%	1.05
700	Agricultural Services, N.E.C	60%	0.95
800	Forestry	75%	0.95
900	Fishing, Hunting, And Trapping	90%	0.95
1000	Metal Mining	90%	1.25
1100	Anthracite Mining	90%	1.25
1200	Coal Mining	90%	1.05
1220	Bituminous Coal	90%	1.10
1230	Anthracite Mining	90%	1.25
1300	Oil And Gas Extraction	85%	1.10
1400	Nonmetallic Mining And Quarrying, Except Fuel	85%	1.05
1500	General Building Contractors	90%	1.10
1600	Heavy Construction Contractors	90%	1.15
1700	Special Trade Contractors	90%	1.05
2000	Food And Kindred Products	70%	1.00
2100	Tobacco Manufacturers	65%	1.25
2200	Textile Mill Products	55%	1.05
2300	Apparel And Other Finished Textile Products	30%	0.90
2400	Lumber And Wood Products, Except Furniture	85%	1.15
2500	Furniture And Fixtures	70%	0.90
2600	Paper And Allied Products	75%	0.90
2700	Printing, Publishing, And Allied Products	55%	1.00
2710	Newspaper Publishing And Printing	50%	1.00
2750	Commercial Printing	60%	1.05
2800	Chemicals And Allied Products	70%	0.95
2900	Petroleum And Coal Products	90%	1.05
3000	Rubber And Miscellaneous Plastics Products	70%	0.90
3100	Leather And Leather Products	50%	1.05
3140	Footwear, Except Rubber And Plastic	45%	1.00
3200	Stone, Clay, Glass, And Concrete Products	80%	1.20
3290	Miscellaneous Nonmetallic Mineral And Stone Products	80%	1.20
3300	Primary Metal Industries	85%	1.20
3310	Blast Furnaces, Steelworks, Rolling, And Finishing Mills	90%	1.20
3320	Iron And Steel Foundries	90%	1.25
3400	Fabricated Metal Industries	75%	1.10
3440	Fabricated Structural Metal Products	85%	1.20
3500	Machinery And Computing Equipment	75%	1.00
3530	Construction And Material Handling Machines	85%	0.95

METROPOLITAN LIFE INSURANCE COMPANY
Section XXXVI(A)
Group Critical Illness Insurance GCERT07-CI Arkansas

3540	Metal Working Machinery	85%	0.95
3550	Machinery And Computing Equipment	75%	1.00
3560	General Industrial Machinery	75%	1.05
3570	Computers And Related Equipment	65%	0.90
3580	Service Industry Machines	65%	1.05
3600	Electrical Machinery, Equipment, And Supplies	65%	1.05
3610	Electrical Test and Distributing Equipment	65%	0.95
3620	Electrical Industrial Apparatus	65%	0.95
3630	Household Appliances	65%	0.95
3660	Radio, T.V., And Communication Equipment	65%	0.90
3670	Electrical Machinery, Equipment, And Supplies, N.E.C. And Not Specified	65%	0.90
3700	Transportation Equipment	75%	1.05
3710	Motor Vehicles And Motor Vehicle Equipment	75%	1.10
3720	Aircraft And Parts	75%	0.95
3800	Professional And Photographic Equipment, And Watches	70%	0.95
3900	Miscellaneous And Not Specified Manufacturing Industries	60%	0.95
4000	Railroads	90%	0.95
4100	Bus Service And Urban Transit	70%	1.25
4200	Trucking & Warehousing	85%	1.10
4210	Trucking, Local & Long Distance	85%	1.30
4300	U.S. Postal Service	60%	1.00
4400	Water Transportation	80%	1.15
4500	Air Transportation	65%	1.05
4600	Gas And Steam Supply Systems	75%	1.10
4700	Services Incidental To Transportation	40%	1.10
4800	Communications	55%	0.95
4900	Utilities And Sanitary Services	80%	0.95
4910	Electric Light And Power	80%	0.95
4920	Gas And Steam Supply Systems	75%	0.95
4930	Electric and gas, and other combinations	75%	0.95
5000	Durable Goods	70%	1.00
5100	Non-Durable Goods	70%	0.95
5110	Paper and Paper Products	55%	0.95
5120	Drugs and Druggists' Sundries	55%	0.95
5130	Apparel, Piece Goods and Notions	50%	0.95
5190	Miscellaneous Non-Durable Goods	65%	0.95
5200	Lumber And Building Material Retailing	70%	1.10
5300	Miscellaneous General Merchandise Stores	45%	0.95
5310	Department Stores	35%	0.90
5400	Food Stores, N.E.C	50%	1.05
5410	Grocery Stores	50%	1.05
5500	Motor Vehicle Dealers	80%	1.00

METROPOLITAN LIFE INSURANCE COMPANY
Section XXXVI(A)
Group Critical Illness Insurance GCERT07-CI Arkansas

5600	Apparel And Accessory Stores, Except Shoe Stores	25%	1.00
5660	Shoe Stores	40%	1.00
5700	Furniture And Home Furnishings Stores	65%	1.00
5800	Eating And Drinking Places	50%	1.10
5900	Drug Stores	35%	0.90
6000	Banking	30%	0.90
6010	Federal Reserve Banks	30%	0.90
6020	Commercial & Stock Savings Banks	30%	0.90
6100	Credit Agencies, N.E.C	40%	0.95
6200	Security, Commodity Brokerage, And Investment Companies	60%	0.95
6300	Insurance Carriers	40%	1.05
6400	Insurance Agents, Brokers, & Services	40%	0.95
6500	Real Estate, Including Real Estate-Insurance Offices	55%	0.95
6600	Combination Real Estate, Insurance, Etc.	65%	1.00
6700	Holding And Other Investment Offices	60%	1.05
7000	Hotels And Motels	45%	1.10
7200	Personal Services, Except Private Household	35%	1.05
7300	Business, Automobile, And Repair Services	65%	0.90
7370	Computer And Data Processing Services	65%	0.90
7500	Automotive Repair And Related Services	90%	1.20
7600	Miscellaneous Repair Services	85%	1.15
7800	Theaters And Motion Pictures	60%	1.05
7840	Video Tape Rental Stores	40%	1.05
7900	Entertainment And Recreation Services	55%	1.00
8000	Professional And Related Services	30%	0.90
8100	Legal Services	45%	0.90
8200	Educational Services	30%	0.90
8210	Elementary And Secondary Schools	25%	0.90
8220	Colleges And Universities	50%	0.90
8300	Social Services, N.E.C	30%	1.15
8400	Museums, Art Galleries, And Zoos	40%	1.10
8600	Membership Organizations, N.E.C	30%	1.05
8610	Business Associations	30%	1.05
8630	Labor Unions	60%	1.20
8660	Religious Organizations	50%	0.90
8700	Engineering/Accounting/R & D	80%	0.90
8710	Engineering & Architectural Services	80%	0.90
8720	Accounting, Auditing, And Bookkeeping Services	40%	0.90
8730	Research, Development, And Testing Services	55%	0.90
8800	Private Households	10%	1.00
8900	Miscellaneous Professional And Related Services	45%	0.90
8910	Engineering & Architectural Services	80%	0.90

METROPOLITAN LIFE INSURANCE COMPANY
Section XXXVI(A)
Group Critical Illness Insurance GCERT07-CI Arkansas

8920	Non-Commercial Research	55%	0.90
8930	Accounting And Auditing	40%	0.90
9100	Executive And Legislative Offices	35%	1.05
9200	Justice, Public Order, And Safety	70%	1.10
9300	Public Finance, Taxation, And Monetary Policy	35%	1.10
9400	Administration Of Human Resources Programs	35%	1.00
9500	Administration Of Environmental Quality And Housing Programs	60%	1.00
9600	Administration Of Economic Programs	55%	1.00
9700	National Security And International Affairs	60%	1.05
9900	Non-Classifiable Establishments	60%	1.00

* The appropriate NAICS Code may be used in lieu of the SIC Code

METROPOLITAN LIFE INSURANCE COMPANY
Section XXXVI(A)
Group Critical Illness Insurance GCERT07-CI Arkansas

Table XXXVI(A).6 – Non-Contributory Coverage Volume Adjustment Factors

Annual Specified Disease Premium	Volume Adjustment Factor
LE \$30,000	1.39
\$30,001 to \$50,000	1.21
\$50,001 to \$100,000	1.16
\$100,001 to \$250,000	1.09
\$250,001 to \$500,000	1.04
\$500,001 to \$1,000,000	1.02
\$1,000,001 to \$3,000,000	1.00
\$3,000,001 to \$5,000,000	1.00
\$5,000,001 to \$10,000,000	1.00
\$10,000,001 +	1.00

Footnotes to Table XXXVI(A).6:

- 1.) For the following additional expense items, the increase to premium would fall in the range of 0.1% to 1.5% for each item.
 - a.) Customized marketing material
 - b.) Customized proposals
 - c.) More complex administrative structure (due to multiple separations, etc.)
 - d.) Customized quotation and underwriting tools
 - e.) Customized legal and contractual arrangements
 - f.) Customized billing and collections procedures
 - g.) Special customer reporting
 - h.) Special customer meetings
 - i.) Special customer service requirements
 - j.) Special printing requirements
 - k.) Customized administration manuals
 - l.) Special solicitation materials
 - m.) Performance guarantees
- 2.) MetLife may enter into agreements with third parties under which the allowance, if any, paid to the third party for performing certain functions is less than the corresponding allowance implied by the factors above. MetLife may reduce the premium up to 1.5% for each of the following performed by a third party.
 - a.) Billing and collection
 - b.) Preparation of quotes
 - c.) Payment of claims
 - d.) Payment of broker commissions
 - e.) Marketing and promotion
 - f.) Issuance of certificates

METROPOLITAN LIFE INSURANCE COMPANY
Section XXXVI(A)
Group Critical Illness Insurance GCERT07-CI Arkansas

Table XXXVI(A).7 – Voluntary Employee Monthly Base Premium Rates per \$1,000

Age	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
Less than 25	0.07	0.12	0.08	0.14
25 to 29	0.08	0.14	0.09	0.17
30 to 34	0.14	0.24	0.15	0.28
35 to 39	0.25	0.43	0.25	0.46
40 to 44	0.42	0.74	0.42	0.78
45 to 49	0.73	1.28	0.68	1.25
50 to 54	1.22	2.16	1.01	1.85
55 to 59	1.99	3.56	1.46	2.66
60 to 64	3.12	5.64	2.07	3.76
65 to 69	4.80	8.73	2.95	5.33
70 to 74	6.65	12.07	4.25	7.59
75 to 79	8.68	15.57	6.13	10.78
80 to 85	10.31	18.29	7.81	13.57
85+	10.80	19.02	8.45	14.50

**Table XXXVI(A).8 – Voluntary Dependent Spouse Monthly Base Premium Rates
per \$1,000**

Age	Female Spouse (Male Employee) Non-Smoker	Female Spouse (Male Employee) Smoker	Male Spouse (Female Employee) Non-Smoker	Male Spouse (Female Employee) Smoker
Less than 25	0.08	0.14	0.07	0.12
25 to 29	0.09	0.17	0.08	0.14
30 to 34	0.15	0.28	0.14	0.24
35 to 39	0.25	0.46	0.25	0.43
40 to 44	0.42	0.78	0.42	0.74
45 to 49	0.68	1.25	0.73	1.28
50 to 54	1.01	1.85	1.22	2.16
55 to 59	1.46	2.66	1.99	3.56
60 to 64	2.07	3.76	3.12	5.64
65 to 69	2.95	5.33	4.80	8.73
70 to 74	4.25	7.59	6.65	12.07
75 to 79	6.13	10.78	8.68	15.57
80 to 85	7.81	13.57	10.31	18.29
85+	8.45	14.50	10.80	19.02

METROPOLITAN LIFE INSURANCE COMPANY
Section XXXVI(A)
Group Critical Illness Insurance GCERT07-CI Arkansas

Table XXXVI(A).9 – Contributory Coverage
Underwriting Adjustment Factors (Guaranteed Issue Only)

Participation

Age	< 5%	[5, 10%)	[10-15%)	[15-20%)	[20-30%)	>= 30%
<25	1.07	1.04	1.03	1.03	1.03	1.03
25 - 29	1.07	1.04	1.03	1.03	1.03	1.03
30 - 34	1.07	1.04	1.03	1.03	1.03	1.03
35 - 39	1.08	1.04	1.04	1.04	1.03	1.03
40 - 44	1.21	1.12	1.10	1.10	1.09	1.09
45 - 49	1.33	1.19	1.16	1.15	1.14	1.14
50 - 54	1.36	1.21	1.18	1.17	1.16	1.15
55 - 59	1.38	1.22	1.19	1.18	1.17	1.16
60 - 64	1.41	1.24	1.20	1.19	1.18	1.17
65 - 69	1.44	1.26	1.22	1.20	1.19	1.18
70 - 74	1.53	1.31	1.26	1.25	1.24	1.22
75 - 79	1.65	1.38	1.32	1.30	1.29	1.27
80 - 84	1.72	1.42	1.36	1.33	1.32	1.30
85+	1.77	1.45	1.38	1.36	1.34	1.32

METROPOLITAN LIFE INSURANCE COMPANY
Section XXXVI(A)
Group Critical Illness Insurance GCERT07-CI Arkansas

Table XXXVI(A).10 – Voluntary Coverage Volume Adjustment Factors

Annual Specified Disease Premium	Guaranteed Issue	Simplified Issue	Full Underwriting
LE \$30,000	1.50	1.46	1.46
\$30,001 to \$50,000	1.30	1.27	1.27
\$50,001 to \$100,000	1.25	1.22	1.18
\$100,001 to \$250,000	1.17	1.14	1.11
\$250,001 to \$500,000	1.11	1.08	1.07
\$500,001 to \$1,000,000	1.08	1.05	1.04
\$1,000,001 to \$3,000,000	1.07	1.03	1.02
\$3,000,001 to \$5,000,000	1.06	1.03	1.02
\$5,000,001 to \$10,000,000	1.06	1.03	1.02
\$10,000,001 +	1.06	1.03	1.02

Footnotes to Table XXXVI(A).10:

- 1) For the following additional expense items, the increase to premium would fall in the range of 0.1% to 1.5% for each item.
 - a) Customized marketing material
 - b) Customized proposals
 - c) More complex administrative structure (due to multiple separations, etc.)
 - d) Customized quotation and underwriting tools
 - e) Customized legal and contractual arrangements
 - f) Customized billing and collections procedures
 - g) Special customer reporting
 - h) Special customer meetings
 - i) Special customer service requirements
 - j) Special printing requirements
 - k) Customized administration manuals
 - l) Special solicitation materials
 - m) Performance guarantees

- 3.) MetLife may enter into agreements with third parties under which the allowance, if any, paid to the third party for performing certain functions is less than the corresponding allowance implied by the factors above. MetLife may reduce the premium up to 1.5% for each of the following performed by a third party.
 - a) Billing and collection
 - b) Preparation of quotes
 - c) Payment of claims
 - d) Payment of broker commissions
 - e) Marketing and promotion
 - f) Issuance of certificates

METROPOLITAN LIFE INSURANCE COMPANY
Section XXXVI(A)
Group Critical Illness Insurance GCERT07-CI Arkansas

Table XXXVI(A).11 – Dependent Child Coverage Monthly Base Premium Rates per \$1,000

Dependent Child Definition	Monthly Premium Rate per \$1,000 – From the 15 th Day of Life	Monthly Premium Rate per \$1,000 – From Birth
To age 18	0.040	0.060
To age 19*	0.041	0.062
To age 20*	0.042	0.063
To age 21*	0.043	0.065
To age 22*	0.044	0.066
To age 23*	0.045	0.068
To age 24*	0.046	0.069
To age 25*	0.046	0.069
To age 26*	0.047	0.071

*provided the child is a full time student

Table XXXVI(A).12 – Annual Trend

Time Period	Annual Trend Factor
7/1/2007+	1.005

Table XXXVI(A).13 – Commissions

The commission agreed upon by MetLife, the policyholder, and based on premium received and earned for the policy period:	Percentage of Premium
Minimum	0%
Standard	6%
Maximum	10%

Table XXXVI(A).14 – Modal Premium Factors

To Convert to:	Multiply By:
Quarterly	2.985
Semi-Annual	5.956
Annual	11.823

METROPOLITAN LIFE INSURANCE COMPANY
Section XXXVI(A)
Group Critical Illness Insurance GCERT07-CI Arkansas

Table XXXVI(A).15 –Premium Rates for Health Screening Benefit

Benefit Amount (Annual)	Premiums (Monthly)
\$50	0.69
\$60	0.92
\$70	1.17
\$80	1.44
\$90	1.75
\$100	2.08

<i>SERFF Tracking Number:</i>	<i>META-126423829</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44512</i>
<i>Company Tracking Number:</i>	<i>NY09-21 JD (LW)</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>Group Accident and Health Insurance</i>		
<i>Project Name/Number:</i>	<i>GPNP09-CI/NY09-21 JD</i>		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	01/08/2010
Comments: Attached is the Flesch Certification.		
Attachment: ARCERTREAD [NY09-21 JD].pdf		

	Item Status:	Status
		Date:
Bypassed - Item: Application	Approved-Closed	01/08/2010
Bypass Reason: Not Applicable to this filing.		
Comments:		

	Item Status:	Status
		Date:
Satisfied - Item: Certification	Approved-Closed	01/08/2010
Comments: Attached is the REG 19 Certification.		
Attachment: ARCERTREG19 [NY09-21 JD].pdf		

	Item Status:	Status
		Date:
Satisfied - Item: Actuarial Cover Letter	Approved-Closed	01/08/2010
Comments: Attached is the Actuarial Cover Letter.		
Attachment: Critical Illness - Group 2.5 Cover Page - Arkansas.pdf		

Item Status:	Status
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SERFF Tracking Number: META-126423829 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number: 44512
Company Tracking Number: NY09-21 JD (LW)
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Group Accident and Health Insurance
Project Name/Number: GPNP09-CI/NY09-21 JD

Satisfied - Item: NAIC Transmittal Form

Approved-Closed

Date:
01/08/2010

Comments:

Attached is the NAIC Transmittal Form.

Attachment:

AR L-A&H NAIC Transmittal Document 1-1-2009.pdf



Metropolitan Life Insurance Company
NAIC Company Number: 65978
NAIC Group Number: 241

ARKANSAS FLESCH CERTIFICATION

I certify that the form shown below has achieved the Flesch Reading Ease Score shown below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form No.	Form Description	Flesch Score
GNP09-CI (series)	Group critical illness policy	56.66
GCERT07-CI benewell	Group critical illness certificate insert form	56.83
GCERT07-CI dr/ml2ml	Group critical illness certificate insert form	58.60
GCERT07-CI dr/oc2ml	Group critical illness certificate insert form	58.10
GCERT07-CI limit	Group critical illness certificate insert form	50.26
GCERT07-CI prex	Group critical illness certificate insert form	56.38
GCERT07-CI exclu	Group critical illness certificate insert form	52.88
GCERT07-CI coi-mphc	Group critical illness certificate insert form	50.41

Herbert B. Brown Jr.
Vice President



Metropolitan Life Insurance Company
NAIC Company Number: 65978
NAIC Group Number: 241

ARKANSAS CERTIFICATION
Rule and Regulation 19
Unfair Sex Discrimination in the Sale of Insurance

I certify that this submission meets the provisions of Rule and Regulation 19, and all applicable requirements of the Arkansas Department of Insurance.

A handwritten signature in black ink, appearing to read "Herbert B. Brown Jr.", written in a cursive style.

Herbert B. Brown Jr.
Vice President



Metropolitan Life Insurance Company
Institutional Finance

501 US Highway 22, Bridgewater, NJ 08807
Tel: 908-253-1899
Email: scwu@metlife.com

Shen C. Wu, F.S.A., M.A.A.A

December 23, 2009

**Arkansas Insurance Department
Life and Health Division
1200 West Third Street
Little Rock, Arkansas 72201**

Re: Group Critical Illness Insurance Rate Manual Revision

Metropolitan is filing revisions of the group certificate GCERT07-CI and the corresponding Group Insurance Rate Manual, Section XXXVI(A), which deals with Group Critical Illness Insurance. A brief description of the changes and the rate pages impacted are listed as follows.

- A health screening benefit may be added. (Page 36(A).7, Item IX and Page 36(A).19, Table XXXVI(A).15)
- A "zero" waiting period may be provided. (Page 36(A).9, Table XXXVI(A).3)
- A "0/0" pre-existing condition exclusion may be provided. (Page 36(A).9, Table XXXVI(A).4)
- Premium rates may be expressed for coverage of Employee Only, Employee plus dependent Spouse, Employee plus Dependent Children, or Employee plus Family. (Page 36(A).7, Item X)

The revised rate pages 36(A).7, 36(A).9 and 36(A).19 are included for review. There are no other changes of the rate manual.

Sincerely,


A handwritten signature in blue ink, appearing to read "Shen C. Wu".

Shen C. Wu, F.S.A., M.A.A.A.
Vice President & Actuary

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Metropolitan Life Insurance Company Institutional Contracts 1095 Avenue of the Americas New York, NY 10036-6796	NY		241	65978	13-5581829	
4.	Contact Name & Address	Telephone #		Fax #		E-mail Address	
	John David Metropolitan Life Insurance Company Institutional Contracts 1095 Avenue of the Americas New York, NY 10036-6796	(212) 578-5954		(212) 578-3874		jdavid1@metlife.com	
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	NY09-21 JD					
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____					
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Small <input checked="" type="checkbox"/> Large <input type="checkbox"/> Small and Large </div> <div> <input checked="" type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input checked="" type="checkbox"/> Trust <input checked="" type="checkbox"/> Other: _____ Union </div> </div>					
9.	Type of Insurance (TOI)	H07G Group Health – Specified Disease – Limited Benefit					
10.	Sub-Type of Insurance (Sub-TOI)	H07G.001 Critical Illness					
11.	Submitted Documents	<input checked="" type="checkbox"/> FORMS <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other </div> <div> <input checked="" type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> </div> <input checked="" type="checkbox"/> Rates <input checked="" type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input checked="" type="checkbox"/> Certifications </div> </div>					

12.	Filing Submission Date	January 7, 2010	
13	Filing Fee (If required)	Amount <u>\$260.00 (EFT SERFF)</u>	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval		
15.	Filing Description:		
	<p align="center">Please see our filing letter for details concerning this filing.</p>		

16.	Certification (If required)		
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u></p>			
Print Name <u>John B. David</u>		Title <u>Manager – Contract Filing</u>	
			
Signature _____		Date: <u>January 7, 2010</u>	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		NY09-21 JD
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Face Page	GPNP09-CI fp	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Critical Illness Policy Insert Form			
02	Table of contents	GPNP09-CI toc	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Critical Illness Policy Insert Form			
03	Defintions	GPNP09-CI def	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Critical Illness Policy Insert Form			
04	Premium provision	GPNP09-CI prem	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Critical Illness Policy Insert Form			
05	Termination provisions	GPNP09-CI term	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Critical Illness Policy Insert Form			
06	General provisions	GPNP09-CI gen-pro	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Critical Illness Policy Insert Form			
07	Exhibits	GPNP09-CI exhibit	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Critical Illness Policy Insert Form			
08	Health screening benefit	GCERT07-CI bene- well	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Critical Illness Certificate Insert Form			
09	Replacement of coverage provision	GCERT07-CI dr/ml2ml	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Critical Illness Certificate Insert Form			
10	Replacement of coverage provision	GCERT07-CI dr/oc2ml	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Critical Illness Certificate Insert Form			
11	Benefit Limitations	GCERT07-CI limit	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Critical Illness Certificate Insert Form			
12	Preexisting Conditions Exclusion	GCERT07-CI prex	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Critical Illness Certificate Insert Form			

Effective January 1, 2009

13	General Exclusions	GCERT07-CI exclu	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Critical Illness Certificate Insert Form			
14	Continuation for Handicapped Dependents	GCERT07-CI coi-mphe	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Group Critical Illness Certificate Insert Form			

LH FFA-1

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number			NY09-21 JD	
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing			%	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Rate Manual pages	GCERT07-CI	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other	

LH RFA-1